Office of Congressman Bobby Bright Privacy Act Waiver

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__ DATE: _____

| NAME: | PLEASE PROVIDE THE FOLLOWING FOR THE CONCERNED APPLICANT: | |
|--|--|--|
| Address: | | |
| City/State/Zip: | Soc. Sec. # | |
| PHONE: | DATE OF BIRTH:// | |
| Work/Cell: | CASE NUMBER: | |
| Email: | | |
| WHAT CONCERNS ARE YOU HAVING WITH A FEDERAL AGE | NCY? | |
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| WHAT SPECIFIC ACTION ARE YOU SEEKING FROM OUR OF Have you contacted any other elected official to assist you with this issue? | Do you currently have an attorney working your case? (yes or no) | |

SIGNATURE: _____

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